

SELECT BOARD
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

JAY KELLY, CHAIR
JAYNE E. WELLMAN, VICE CHAIR
JAMES F. MACKEY, III, CLERK
TODD R. JOHNSON, ESQ.
ANNE MARIE STRONACH

(978)-640-4300
FAX (978) 640-4302

Notice of Meeting
Tuesday, February 15, 2022 at 7:00 p.m.
Meeting Place: Town Hall, 1009 Main Street, Tewksbury, MA
Jay Kelly, Chair
Agenda

Scheduled Items

1. 7:00 p.m. National Grid Pole Petition 30503221 – Pleasant Street
2. 7:05 p.m. Liquor License Application – 2030 Ocean Street, LLC, 345 Main Street
3. 7:10 p.m. Class License Transfer Application – TY of Tewksbury, LLC, 468 Main Street

Residents

New Business

4. Signature Page: Annual and Special Town Warrant
5. Signature Page: Annual Town Election Warrant
6. Enterprise Funds and Capital Improvement Plan Presentation
7. Zoning Bylaw Committee: General updates/Retail Marijuana

Town Manager

8. Town Counsel Invoice: January 1, 2022 – January 15, 2022

Minutes: September 28, 2021 (reg. session), October 19, 2021 (reg. session),
October 27, 2021 (reg. session), November 9, 2021 (reg. session), December 21, 2021 (reg.
session), and January 11, 2022 (reg. session)

Board Member Reports

9. Executive Session
Town Manager Contract

Adjourn

Next Select Board Meeting Date:
March 8, 2022
Meetings are televised on Comcast Channel 99 and Verizon Channel 33



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**TOWN OF TEWKSBURY
NOTICE OF HEARING
TOWN HALL, 1009 MAIN STREET
TEWKSBURY, MA 01876**

January 20, 2022

You are hereby notified that a hearing will be held by the Select Board of the Town of Tewksbury in the Main Hall, Town Hall, 1009 Main Street at **7:00 PM on Tuesday, February 15, 2022** on petition **30503221** of National Grid:

Pleasant Street – National Grid to install (1) JO pole 54 on Pleasant Street beginning at a point approximately 135 feet southwesterly from existing pole 52 Pleasant St.

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

If you have questions regarding this work please call: **Joe Ientile 978-766-3114**

SELECT BOARD

**Jay Kelly, Chairman
Jayne E. Wellman, Vice Chairman
James F. Mackey, III, Clerk
Todd R. Johnson, Esq.
Anne Marie Stronach**

Questions contact – Joe Ientile 978-766-3114

ORDER FOR JOINT OR IDENTICAL POLE LOCATIONS

To the Board of Selectmen - Tewksbury, Massachusetts

Notice having been given and public hearing held, as provided by law,
IT IS HEREBY ORDERED:

that Massachusetts Electric Company d/b/a NATIONAL GRID and VERIZON NEW ENGLAND INC. (formerly known as NEW ENGLAND TELEPHONE AND TELEGRAPH COMPANY) be and they are hereby granted joint or identical locations for and permission to erect and maintain poles and wires to be placed thereon, together with such sustaining and protecting fixtures as said Companies may deem necessary, in the public way or ways hereinafter referred to, as requested in petition of said Companies dated the 14th day of January 2022.

All construction under this order shall be in accordance with the following conditions:

Poles shall be of sound timber, and reasonable straight, and shall be set substantially at the points indicated upon the plan marked – Pleasant St. - Tewksbury, Massachusetts.

30503221 Filed with this order:

There may be attached to said poles by Massachusetts Electric Company d/b/a NATIONAL GRID and Verizon New England Inc. such wires, cables, and fixtures as needed in their business and all of said wires and cables shall be placed at a height of not less than twenty (20) feet from the ground.

The following are the public ways or part of ways along which the poles above referred to may be erected, and the number of poles which may be erected thereon under this order:

Pleasant St. - National Grid to install (1) JO pole 54 on Pleasant St. beginning at a point approximately 135 feet southwesterly from existing pole 52 Pleasant St.

Also, for permission to lay and maintain underground laterals, cables, and wires in the above or intersecting public ways for the purpose of making connections with such poles and buildings as each of said petitioners may desire for distributing purposes.

I hereby certify that the foregoing order was adopted at a meeting of the
Of the City/Town of _____, Massachusetts held on the _____ day of _____ 20 .

City/Town Clerk,
20 .

Massachusetts

Received and entered in the records of location orders of the City/Town of _____
Book _____ Page _____

Attest:

City/Town Clerk

I hereby certify that on _____, 20____, at _____ o'clock, M
At _____ a public hearing was held on the petition of
Massachusetts Electric Company d/b/a NATIONAL GRID and VERIZON NEW ENGLAND,
INC. for permission to erect the poles, wires, and fixtures described in the order herewith recorded,
and that we mailed at least seven days before said hearing a written notice of the time and place of
said hearing to each of the owners of real estate (as determined by the last preceding assessment
for taxation) along the ways or parts of ways upon which the Company is permitted to erect
Poles, wires, and fixtures under said order. And that thereupon said order was duly adopted.

City/Town Clerk.

.....
.....
.....
.....

Board or Council of Town or City, Massachusetts

CERTIFICATE

I hereby certify that the foregoing is a true copy of the location order and certificate of
hearing with notice adopted by the _____ of the City of _____
Massachusetts, on the _____ day of 20____ and recorded with the records of location
orders of the said City, Book _____, and Page _____. This certified copy is made under
the provisions of Chapter 166 of General Laws and any additions thereto or amendments thereof.

Attest:

City/Town Clerk

Questions contact – Joe Ientile 978-766-3114

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Poles, wires, and fixtures under said order. And that thereupon said order was duly adopted.

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Board or Council of Town or City, Massachusetts

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City/Town Clerk

Questions contact – Joe Ientile 978-766-3114

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City/Town Clerk.

Massachusetts

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Book

Page

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City/Town Clerk.

.....

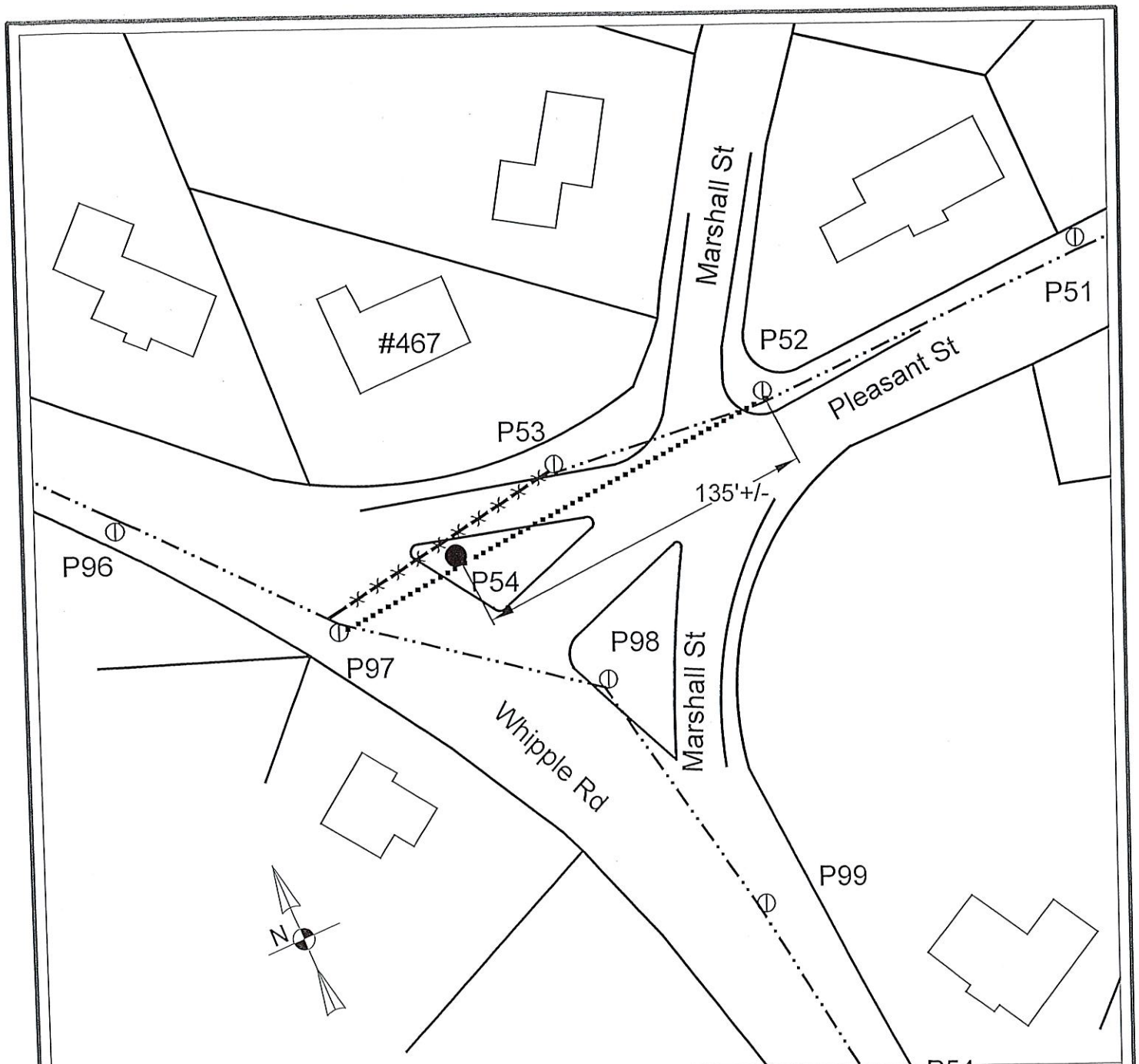
Board or Council of Town or City, Massachusetts

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 the provisions of Chapter 166 of General Laws and any additions thereto or amendments thereof.

Attest:

City/Town Clerk



JOINTLY OWNED POLE PETITION

---- PROPOSED OH WIRE

⊙ EXISTING J.O. POLE

-*- EXISTING OH WIRE TO BE REMOVED

● PROPOSED J.O. POLE

--- EXISTING OVERHEAD WIRE

Nationalgrid to install new Pole 54 Pleasant St, Tewksbury, MA. approximately 135' south westerly from existing Pole 52 in order to install new step down transformers to improve reliability in area.

DISTANCES ARE APPROXIMATE

nationalgrid

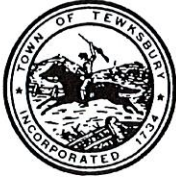
Date: 1/13/22

WORK REQUEST: 30503221

To The: Town Of Tewksbury

For Proposed: Pole 54 Location: Pleasant St

Drawn By: S.Steeves



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TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876**

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ANNE MARIE STRONACH

(978)-640-4300
FAX (978) 640-4302

NOTICE

TOWN OF TEWKSBURY

Notice is hereby given in accordance with Chapter 138 of the Massachusetts General Laws that a public hearing will be conducted by the Select Board on Tuesday, February 15, 2022, 7:05 p.m. at Town Hall, 1009 Main Street, Tewksbury, MA, on the application of 2030 Ocean Street, LLC, d/b/a Wine & Market, 345 Main Street, for Off-Premises Package Store, All Alcoholic Beverages and designate Daniel Newcomb as Manager of Record. The premises located at 345 Main Street, Tewksbury, MA, is described as approximately 3,000 sq. ft. of retail space on one floor.

Input is welcome from the public. The Select Board recommends that comments be submitted in writing to the Select Board, Town Hall, 1009 Main Street, Tewksbury, MA 01876, on or before Friday, February 11, 2022 before 12:00 p.m.

Upton Connell & Devlin, LLP

112 Water Street, Suite 201
Boston, Massachusetts 02109
617-227-3277 (tel)
617-227-3222 (fax)

Via Fed Ex

Tewksbury Town Hall
1009 Main Street
2nd Floor
Tewksbury, MA 01876

January 11, 2022

**Re: 2030 Ocean Street LLC, 345 Main Street, Tewksbury, MA
Application for a New Off-Premises Liquor License**

Dear Licensing Clerk:

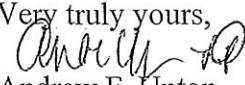
Please find enclosed the following documents regarding the above-referenced Application:

1. ABCC Monetary Transmittal Form and receipt of ABCC Payment;
2. ABCC Application;
3. Corporate Vote;
4. MA Secretary of Commonwealth Business Entity Summary;
5. CORI Form for Daniel Newcomb;
6. Daniel Newcomb's Drivers License and Passport;
7. Letter of Intent to Lease;
8. Floor Plan;
9. Tewksbury Checklist and Abutters List. Please note, we did not complete the tax compliance form as this business has not yet opened.

Also enclosed, please find a check made payable to the Town of Tewksbury in the amount of \$50.00 for the cost of the filing fee.

The Applicants concept is focused on wine, spirits, malts, mixers, low-no alcohol options, and accompaniments, such as crackers, cheeses, and the like, as well as gourmet coffee beans.

We kindly request the Applicant be scheduled to be heard on the next available agenda date. If you need any additional information or documents, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,

Andrew F. Upton

Payment Confirmation

YOUR PAYMENT HAS PROCESSED AND THIS IS YOUR RECEIPT

Your account has been billed for the following transaction. You will receive a receipt via email.



Transaction Processed Successfully.

INVOICE #: cdd09596-101c-460e-b9af-619d3a7b1e9a

Description	Applicant, License or Registration Number	Amount
FILING FEES-RETAIL	2030 Ocean Street LLC	\$200.00
		\$200.00

Total Convenience Fee: \$4.70

Date Paid: 1/11/2022 3:03:38 PM EDT

Total Amount Paid: \$204.70

Payment On Behalf Of

License Number or Business Name:

2030 Ocean Street LLC

Fee Type:

FILING FEES-RETAIL

Billing Information

First Name:

Daniel

Last Name:

Newcomb

Address:

125 Standish Street

City:

Marshfield

State:

MA

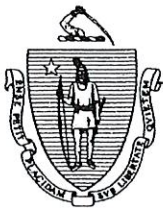
Zip Code:

02050

Email Address:

episano@ucdlaw.com

APPLICATION & FORMS



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

RETAIL ALCOHOLIC BEVERAGES LICENSE APPLICATION
MONETARY TRANSMITTAL FORM

APPLICATION FOR A NEW LICENSE

APPLICATION SHOULD BE COMPLETED ON-LINE, PRINTED, SIGNED, AND SUBMITTED TO THE LOCAL
LICENSING AUTHORITY.

ECRT CODE: RETA

Please make \$200.00 payment here: ABCC PAYMENT WEBSITE

PAYMENT MUST DENOTE THE NAME OF THE LICENSEE CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL AND INCLUDE THE
PAYMENT RECEIPT

ABCC LICENSE NUMBER (IF AN EXISTING LICENSEE, CAN BE OBTAINED FROM THE CITY)

ENTITY/ LICENSEE NAME 2030 Ocean Street LLC

ADDRESS 345 Main Street

CITY/TOWN Tewksbury

STATE MA

ZIP CODE 01876

For the following transactions (Check all that apply):

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine, Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/ LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Change of DBA |

THE LOCAL LICENSING AUTHORITY MUST MAIL THIS
TRANSMITTAL FORM ALONG WITH
COMPLETED APPLICATION, AND SUPPORTING DOCUMENTS TO:

Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150-2358



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3, Chelsea, MA 02150-2358
www.mass.gov/abcc

APPLICATION FOR A NEW LICENSE

Municipality

1. LICENSE CLASSIFICATION INFORMATION

ON/OFF-PREMISES	TYPE	CATEGORY	CLASS
<input type="text" value="Off-Premises-15"/>	<input type="text" value="\$15 Package Store"/>	<input type="text" value="All Alcoholic Beverages"/>	<input type="text" value="Annual"/>

Please provide a narrative overview of the transaction(s) being applied for. On-premises applicants should also provide a description of the intended theme or concept of the business operation. Attach additional pages, if necessary.

Is this license application pursuant to special legislation?

☐ Yes ☒ No

Chapter

Acts of

2. BUSINESS ENTITY INFORMATION

The entity that will be issued the license and have operational control of the premises.

Entity Name	<input type="text" value="2030 Ocean Street LLC"/>	FEIN	<input type="text" value="83-3352813"/>
DBA	<input type="text" value="Wine & Market"/>	Manager of Record	<input type="text" value="Daniel Newcomb"/>
Street Address	<input type="text" value="345 Main Street, Tewksbury, MA 01876"/>		
Phone	<input type="text" value="617-306-1551"/>	Email	<input type="text" value="dnewcomb@llausa.com"/>
Alternative Phone	<input type="text"/>	Website	<input type="text"/>

3. DESCRIPTION OF PREMISES

Please provide a complete description of the premises to be licensed, including the number of floors, number of rooms on each floor, any outdoor areas to be included in the licensed area, and total square footage. You must also submit a floor plan.

Total Square Footage:	<input type="text" value="3,000"/>	Number of Entrances:	<input type="text" value="2"/>	Seating Capacity:	<input type="text" value="NA"/>
Number of Floors	<input type="text" value="1"/>	Number of Exits:	<input type="text" value="2"/>	Occupancy Number:	<input type="text" value="TBD"/>

4. APPLICATION CONTACT

The application contact is the person whom the licensing authorities should contact regarding this application.

Name:	<input type="text" value="Andrew F. Upton, Esq."/>	Phone:	<input type="text" value="617-227-3277"/>
Title:	<input type="text" value="Attorney"/>	Email:	<input type="text" value="aupton@ucdlaw.com"/>

APPLICATION FOR A NEW LICENSE

5. CORPORATE STRUCTURE

Entity Legal Structure	<input type="text" value="LLC"/>	Date of Incorporation	<input type="text" value="01/04/2019"/>
State of Incorporation	<input type="text" value="Massachusetts"/>	Is the Corporation publicly traded? <input type="radio"/> Yes <input checked="" type="radio"/> No	

6. PROPOSED OFFICERS, STOCK OR OWNERSHIP INTEREST

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.). Attach additional page(s) provided, if necessary, utilizing Addendum A.

- The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.
- The individuals identified in this section, as well as the proposed Manager of Record, must complete a CORI Release Form.
- Please note the following statutory requirements for Directors and LLC Managers:
On Premises (E.g. Restaurant/ Club/Hotel) Directors or LLC Managers - At least 50% must be US citizens;
Off Premises (Liquor Store) Directors or LLC Managers - All must be US citizens and a majority must be Massachusetts residents.
- If you are a Multi-Tiered Organization, please attach a flow chart identifying each corporate interest and the individual owners of each entity as well as the Articles of Organization for each corporate entity. Every individual must be identified in Addendum A.

Name of Principal	Residential Address	SSN	DOB
Daniel Newcomb	125 Standish Street, Marshfield, MA	[REDACTED]	[REDACTED]
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
LLC Manager and Sole Member	100%	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title and or Position	Percentage of Ownership	Director/ LLC Manager US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Additional pages attached? ☐ Yes ☒ No

CRIMINAL HISTORY

Has any individual listed in question 6, and applicable attachments, ever been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

6A. INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Does any individual or entity identified in question 6, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Daniel Newcomb	Section 15	LLAWM-Lexington, LLC	Lexington
Daniel Newcomb	Section 15	2030 Ocean Street, LLC	Cambridge

6B. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 6, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held? Yes ☒ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality
Please see additional information page			

6C. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Have any of the disclosed licenses listed in question 6A or 6B ever been suspended, revoked or cancelled?
Yes ☐ No ☒ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

7. OCCUPANCY OF PREMISES

Please complete all fields in this section. Please provide proof of legal occupancy of the premises.

- If the applicant entity owns the premises, a deed is required.
- If leasing or renting the premises, a signed copy of the lease is required.
- If the lease is contingent on the approval of this license, and a signed lease is not available, a copy of the unsigned lease and a letter of intent to lease, signed by the applicant and the landlord, is required.
- If the real estate and business are owned by the same individuals listed in question 6, either individually or through separate business entities, a signed copy of a lease between the two entities is required.

Please indicate by what means the applicant will occupy the premises

Lease

Landlord Name Larry Gordon - Empire Management

Landlord Phone 978-263-1000

Landlord Email

Landlord Address 171 Great Rd Acton, MA 01720

Lease Beginning Date 02/01/2022

Rent per Month \$4,500.00

Lease Ending Date 01/31/2027

Rent per Year \$54,000.00

Will the Landlord receive revenue based on percentage of alcohol sales?

☐ Yes ☒ No

APPLICATION FOR A NEW LICENSE

8. FINANCIAL DISCLOSURE

A. Purchase Price for Real Estate	
B. Purchase Price for Business Assets	
C. Other * (Please specify below)	\$45,000.00
D. Total Cost	\$45,000.00

*Other Cost(s): (i.e. Costs associated with License Transaction including but not limited to: Property price, Business Assets, Renovations costs, Construction costs, Initial Start-up costs, Inventory costs, or specify other costs):"

SOURCE OF CASH CONTRIBUTION

Please provide documentation of available funds. (E.g. Bank or other Financial institution Statements, Bank Letter, etc.)

Name of Contributor	Amount of Contribution
Daniel Newcomb	\$45,000.00
Total:	\$45,000.00

SOURCE OF FINANCING

Please provide signed financing documentation.

Name of Lender	Amount	Type of Financing	Is the lender a licensee pursuant to M.G.L. Ch. 138.
N/A			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

FINANCIAL INFORMATION

Provide a detailed explanation of the form(s) and source(s) of funding for the cost identified above.

The cost of \$45,000 includes a new POS system and shelving, which will be funded from a business operating account.

9. PLEDGE INFORMATION

Please provide signed pledge documentation.

Are you seeking approval for a pledge? ☐ Yes ☒ No

Please indicate what you are seeking to pledge (check all that apply) ☐ License ☐ Stock ☐ Inventory

To whom is the pledge being made?

10. MANAGER APPLICATION**A. MANAGER INFORMATION**

The individual that has been appointed to manage and control the licensed business and premises.

Proposed Manager Name Date of Birth SSN

Residential Address

Email Phone

Please indicate how many hours per week you intend to be on the licensed premises

B. CITIZENSHIP/BACKGROUND INFORMATION

Are you a U.S. Citizen? ☒ Yes ☐ No *Manager must be a U.S. Citizen

If yes, attach one of the following as proof of citizenship US Passport, Voter's Certificate, Birth Certificate or Naturalization Papers.

Have you ever been convicted of a state, federal, or military crime? ☐ Yes ☒ No

If yes, fill out the table below and attach an affidavit providing the details of any and all convictions. Attach additional pages, if necessary, utilizing the format below.

Date	Municipality	Charge	Disposition

C. EMPLOYMENT INFORMATION

Please provide your employment history. Attach additional pages, if necessary, utilizing the format below.

Start Date	End Date	Position	Employer	Supervisor Name
2000	Present	Owner	Atlantic License Brokers	Self

D. PRIOR DISCIPLINARY ACTION

Have you held a beneficial or financial interest in, or been the manager of, a license to sell alcoholic beverages that was subject to disciplinary action? ☐ Yes ☒ No If yes, please fill out the table. Attach additional pages, if necessary, utilizing the format below.

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

I hereby swear under the pains and penalties of perjury that the information I have provided in this application is true and accurate:

Manager's Signature Date

11. MANAGEMENT AGREEMENT

Are you requesting approval to utilize a management company through a management agreement?

☐ Yes ☒ No

If yes, please fill out section 11.

Please provide a narrative overview of the Management Agreement. Attach additional pages, if necessary.

IMPORTANT NOTE: A management agreement is where a licensee authorizes a third party to control the daily operations of the license premises, while retaining ultimate control over the license, through a written contract. *This does not pertain to a liquor license manager that is employed directly by the entity.*

11A. MANAGEMENT ENTITY

List all proposed individuals or entities that will have a direct or indirect, beneficial or financial interest in the management Entity (E.g. Stockholders, Officers, Directors, LLC Managers, LLP Partners, Trustees etc.).

Entity Name	Address	Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Name of Principal	Residential Address	SSN	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title and or Position	Percentage of Ownership	Director	US Citizen	MA Resident
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CRIMINAL HISTORY

Has any individual identified above ever been convicted of a State, Federal or Military Crime?

If yes, attach an affidavit providing the details of any and all convictions.

☐ Yes ☐ No

11B. EXISTING MANAGEMENT AGREEMENTS AND INTEREST IN AN ALCOHOLIC BEVERAGES

LICENSE

Does any individual or entity identified in question 11A, and applicable attachments, have any direct or indirect, beneficial or financial interest in any other license to sell alcoholic beverages; and or have an active management agreement with any other licensees?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

11C. PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE

Has any individual or entity identified in question 11A, and applicable attachments, ever held a direct or indirect, beneficial or financial interest in a license to sell alcoholic beverages, which is not presently held?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Name	License Type	License Name	Municipality

11D. PREVIOUSLY HELD MANAGEMENT AGREEMENT

Has any individual or entity identified in question 11A, and applicable attachments, ever held a management agreement with any other Massachusetts licensee?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Licensee Name	License Type	Municipality	Date(s) of Agreement

11E. DISCLOSURE OF LICENSE DISCIPLINARY ACTION

Has any of the disclosed licenses listed in questions in section 11B, 11C, 11D ever been suspended, revoked or cancelled?

Yes ☐ No ☐ If yes, list in table below. Attach additional pages, if necessary, utilizing the table format below.

Date of Action	Name of License	City	Reason for suspension, revocation or cancellation

11F. TERMS OF AGREEMENT

a. Does the agreement provide for termination by the licensee?

Yes ☐ No ☐

b. Will the licensee retain control of the business finances?

Yes ☐ No ☐

c. Does the management entity handle the payroll for the business?

Yes ☐ No ☐

d. Management Term Begin Date

e. Management Term End Date

f. How will the management company be compensated by the licensee? (check all that apply)

☐ \$ per month/year (indicate amount)

☐ % of alcohol sales (indicate percentage)

☐ % of overall sales (indicate percentage)

☐ other (please explain)

ABCC Licensee Officer/LLC Manager

Management Agreement Entity Officer/LLC Manager

Signature:

Signature:

Title:

Title:

Date:

Date:

ADDITIONAL INFORMATION

Please utilize this space to provide any additional information that will support your application or to clarify any answers provided above.

6B PREVIOUSLY HELD INTEREST IN AN ALCOHOLIC BEVERAGES LICENSE:

Plymouth-Newcomb Farms, Inc. - Section 12 On-Premise, 775 State Rd, Plymouth, MA 02360
Canton-Dining Management Group, Inc. - Section 12 On-Premise, 2790 Washington St, Canton, MA 02021
Malden-Retail Beverages Partners, Inc. - Section 15 Off-Premise; 99 Charles St Malden, MA 02158
Walpole-Retail Beverage Partners - Walpole, Inc. - Section 15 Off-Premise, 565 Main St, Walpole, MA 02081
Boston-Retail Beverage Partners-South Bay, Inc. - Section 15 Off-Premise, 1100 Massachusetts Ave, Boston, MA 02115

APPLICANT'S STATEMENT

I, Daniel Newcomb the: ☐ sole proprietor; ☐ partner; ☐ corporate principal; ☒ LLC/LLP manager
Authorized Signatory

of 2030 Ocean Street LLC
Name of the Entity/Corporation

hereby submit this application (hereinafter the "Application"), to the local licensing authority (the "LLA") and the Alcoholic Beverages Control Commission (the "ABCC" and together with the LLA collectively the "Licensing Authorities") for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- (1) I understand that each representation in this Application is material to the Licensing Authorities' decision on the Application and that the Licensing Authorities will rely on each and every answer in the Application and accompanying documents in reaching its decision;
- (2) I state that the location and description of the proposed licensed premises are in compliance with state and local laws and regulations;
- (3) I understand that while the Application is pending, I must notify the Licensing Authorities of any change in the information submitted therein. I understand that failure to give such notice to the Licensing Authorities may result in disapproval of the Application;
- (4) I understand that upon approval of the Application, I must notify the Licensing Authorities of any change in the ownership as approved by the Licensing Authorities. I understand that failure to give such notice to the Licensing Authorities may result in sanctions including revocation of any license for which this Application is submitted;
- (5) I understand that the licensee will be bound by the statements and representations made in the Application, including, but not limited to the identity of persons with an ownership or financial interest in the license;
- (6) I understand that all statements and representations made become conditions of the license;
- (7) I understand that any physical alterations to or changes to the size of the area used for the sale, delivery, storage, or consumption of alcoholic beverages, must be reported to the Licensing Authorities and may require the prior approval of the Licensing Authorities;
- (8) I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the Application may result in sanctions, including the revocation of any license for which the Application was submitted; and
- (9) I understand that any false statement or misrepresentation will constitute cause for disapproval of the Application or sanctions including revocation of any license for which this Application is submitted.
- (10) I confirm that the applicant corporation and each individual listed in the ownership section of the application is in good standing with the Massachusetts Department of Revenue and has complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signature:

Daniel Newcomb

Date:

11/30/21

Title:

LLC Manager



JEAN M. LORIZIO, ESQ.
CHAIRMAN

Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, MA 02150

CORI REQUEST FORM

The Alcoholic Beverages Control Commission ("ABCC") has been certified by the Criminal History Systems Board to access conviction and pending Criminal Offender Record Information ("CORI"). For the purpose of approving each shareholder, owner, licensee or applicant for an alcoholic beverages license, I understand that a criminal record check will be conducted on me, pursuant to the above. The information below is correct to the best of my knowledge.

ABCC LICENSE INFORMATION

ABCC NUMBER: (IF EXISTING LICENSE)	LICENSEE NAME: 2030 Ocean Street LLC	CITY/TOWN: Tewksbury
---------------------------------------	--------------------------------------	----------------------

APPLICANT INFORMATION

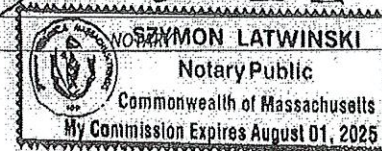
LAST NAME: Newcomb	FIRST NAME: Daniel	MIDDLE NAME: Robert
MAIDEN NAME OR ALIAS (IF APPLICABLE):	PLACE OF BIRTH: Quincy, MA	
DATE OF BIRTH: [REDACTED]	SSN: [REDACTED]	ID THEFT INDEX PIN (IF APPLICABLE):
MOTHER'S MAIDEN NAME: Caroline Talbot	DRIVER'S LICENSE #: S09670367	STATE LIC. ISSUED: Massachusetts
GENDER: MALE	HEIGHT: 5 7	WEIGHT: 210
	EYE COLOR: blue	
CURRENT ADDRESS: 125 Standish Street		
CITY/TOWN: Marshfield	STATE: MA	ZIP: 02050
FORMER ADDRESS:		
CITY/TOWN:	STATE:	ZIP:

PRINT AND SIGN

PRINTED NAME: Daniel R. Newcomb	APPLICANT/EMPLOYEE SIGNATURE: [Signature]
---------------------------------	---

NOTARY INFORMATION

On this 11/30/21	before me, the undersigned notary public, personally appeared Daniel R. Newcomb
(name of document signer), proved to me through satisfactory evidence of identification, which were MA DRIVER'S LICENSE	
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.	



DIVISION USE ONLY

REQUESTED BY:	SIGNATURE OF CORI AUTHORIZED EMPLOYEE:
---------------	--

The DCI Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identify Theft PIN Number by the DCI. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the DCI via mail or by fax to (617) 660-4614.

CERTIFICATE OF AUTHORIZATION

CORPORATE VOTE

The Board of Directors or LLC Managers of

2030 Ocean Street LLC

Entity Name

duly voted to apply to the Licensing Authority of

Tewksbury

and the

City/Town

Commonwealth of Massachusetts Alcoholic Beverages Control Commission on

11/30/21

Date of Meeting

For the following transactions (Check all that apply):

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> New License | <input type="checkbox"/> Change of Location | <input type="checkbox"/> Change of Class (i.e. Annual / Seasonal) | <input type="checkbox"/> Change Corporate Structure (i.e. Corp / LLC) |
| <input type="checkbox"/> Transfer of License | <input type="checkbox"/> Alteration of Licensed Premises | <input type="checkbox"/> Change of License Type (i.e. club / restaurant) | <input type="checkbox"/> Pledge of Collateral (i.e. License/Stock) |
| <input type="checkbox"/> Change of Manager | <input type="checkbox"/> Change Corporate Name | <input type="checkbox"/> Change of Category (i.e. All Alcohol/Wine/Malt) | <input type="checkbox"/> Management/Operating Agreement |
| <input type="checkbox"/> Change of Officers/
Directors/LLC Managers | <input type="checkbox"/> Change of Ownership Interest
(LLC Members/LLP Partners,
Trustees) | <input type="checkbox"/> Issuance/Transfer of Stock/New Stockholder | <input type="checkbox"/> Change of Hours |
| | | <input type="checkbox"/> Other | <input type="checkbox"/> Change of DBA |

"VOTED: To authorize

Daniel Newcomb

Name of Person

to sign the application submitted and to execute on the Entity's behalf, any necessary papers and do all things required to have the application granted."

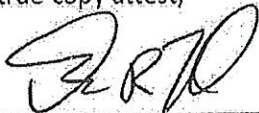
"VOTED: To appoint

Daniel Newcomb

Name of Liquor License Manager

as its manager of record, and hereby grant him or her with full authority and control of the premises described in the license and authority and control of the conduct of all business therein as the licensee itself could in any way have and exercise if it were a natural person residing in the Commonwealth of Massachusetts."

A true copy attest,



Corporate Officer /LLC Manager Signature

Daniel R. Newcomb

(Print Name)

For Corporations ONLY

A true copy attest,

Corporation Clerk's Signature

(Print Name)

CERTIFICATE OF INCORPORATION

Corporations Division

Business Entity Summary

ID Number: 001362011

[Request certificate](#)[New search](#)

Summary for: 2030 OCEAN STREET LLC

The exact name of the Domestic Limited Liability Company (LLC): 2030 OCEAN STREET LLC**Entity type:** Domestic Limited Liability Company (LLC)**Identification Number:** 001362011**Date of Organization in Massachusetts:**
01-04-2019**Last date certain:****The location or address where the records are maintained (A PO box is not a valid location or address):**

Address: 125 STANDISH STREET

City or town, State, Zip code, MARSHFIELD, MA 02050 USA
Country:**The name and address of the Resident Agent:**

Name: DANIEL NEWCOMB

Address: 125 STANDISH STREET

City or town, State, Zip code, MARSHFIELD, MA 02050 USA
Country:**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER	DANIEL NEWCOMB	125 STANDISH STREET MARSHFIELD, MA 02050 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address
SOC SIGNATORY	DANIEL NEWCOMB	125 STANDISH STREET MARSHFIELD, MA 02050 USA

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	DANIEL NEWCOMB	125 STANDISH STREET MARSHFIELD, MA 02050 USA

☐ Consent☐ Confidential
Data☐ Merger
Allowed☐ Manufacturing**View filings for this business entity:**

9/8/2021

MA Corporations Search Entity Summary

ALL FILINGS

Annual Report

Annual Report - Professional

Articles of Entity Conversion

Certificate of Amendment

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)

LEASE AGREEMENT



To Empire Management,

This letter is to share with you our non-binding intentions to lease 345 Main St., Unit 3&4, Tewksbury, MA 01876

- **LEASED PREMISES:**
 - Approximately 3,000 square feet first floor retail space.
- **LEASE TERMS:**
 - Lease Term: 5 years and (3) 5 year options.
- **RENT SCHEDULE:**

Years	Annual	Monthly	Sf
1-3	\$54,000	\$4,500	\$ 22
4-5	\$60,000	\$5,000	\$ 24
6-10	\$66,000	\$5,500	\$26
11-15	\$72,600	\$6,050	10% Increase

- **ADDITIONAL RENT:**
 - Lessee shall pay a proportionate share of Property Taxes, Insurance, and CAM.
- **LESSEE'S LIQUOR LICENSE APPLICATION:**
 - The Lease shall be contingent upon the Lessee receiving full and final approval of a Retail All Alcoholic Beverages License from the Town of Tewksbury and the ABCC. An Application shall be submitted within 30 days of a fully executed Letter of Intent.
- **LEASE COMMENCEMENT:**
 - The Lease shall commence upon the fully executed lease
- **RENT COMMENCEMENT:**
 - Rent will commence 120 days From Lease Commencement
- **TENANT IMPROVEMENT ALLOWANCE:**
 - Intentionally omitted.
- **SUBLEASE AND ASSIGNMENT:**
 - Lessee shall be allowed to assign the lease on one occasion during the first year of the Lease provided that the assignee or its affiliates is experienced as a retail liquor store operator.
 - For the remainder of the Term and all Option Periods, the Lessee will not sublease or assign the lease without the express written consent of the Lessor, which consent shall not be withheld and shall be granted in a timely fashion.



- LESSOR'S WORK: at Landlord's expense, is responsible for the following:
- Delivered as is upon mutually agreeable inspection.
- LESSEE'S WORK:
 - Lessee shall finish the space to operate a first-class package store.
- DEPOSITS:
 - First Two month rent with the signing of the lease
- LESSOR:
 - Empire Management
- LESSEE:
 - 2030 Ocean St., LLC.
2036 Ocean St. Marshfield, MA 02050
- CONTINGENCIES:
 - Fully Executed Lease
 - Full and Final Liquor License approval by the Town of Tewksbury and the ABCC.
- NON-BINDING LETTER OF INTENT: This Letter of Intent is completely non-binding and has no effect on either party whatsoever until a Lease Agreement has been fully executed by both Tenant and Landlord. ... This Letter of Intent supersedes any and all previous negotiations with Tenant, whether written or verbal.

Accepted by: EMPIRE MANAGEMENT

Date

12.15.21

By:

Em Gonow

LESSEE: DANIEL R. NEWCOMB, 2030 OCEAN ST. LLC.

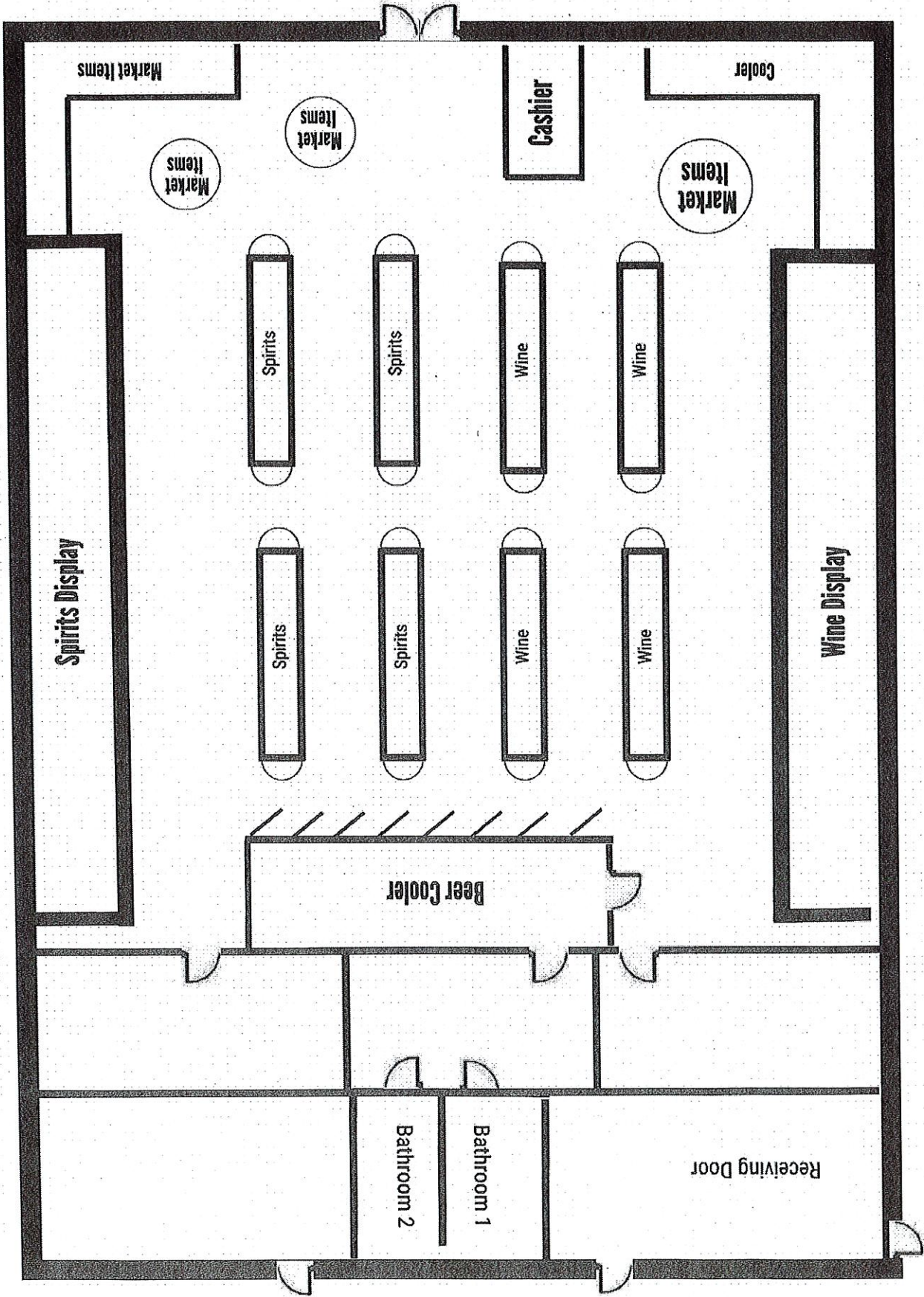
Date

By: Daniel R. Newcomb Duly Authorized

FLOOR PLAN

345 Main Street

Wine & Market Tewksbury



MUNICIPAL FORMS



BOARD OF SELECTMEN
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

**CHECKLIST FOR BOARD OF SELECTMEN PUBLIC HEARINGS FOR
LIQUOR LICENSE TRANSACTIONS**

Type of Hearing/License: New Off-Premises Liquor License
(New License, Transfer of License, Alteration of Premises, Change of Location, Change Category)

Name and Address of Applicant: 2030 Ocean Street, LLC - 345 Main Street, Tewksbury, MA
(please print)

	Permits/Licenses Approvals Needed	Permits/Licenses & Approvals Acted On	Signature of Town Official Employee
Community Development (Planning, Conservation Comm. Board of Appeals)	<u>N/A</u>	<u>N/A</u>	<u>[Signature]</u>
Building Department	<u>BUILDING</u>		<u>[Signature]</u>
Board of Health			<u>[Signature]</u>
Department Public Works			
Fire Department	<u>N/A</u>	<u>N/A</u>	<u>[Signature]</u>
Police Department			



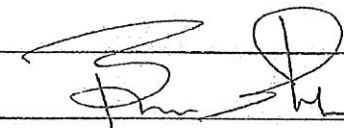
BOARD OF SELECTMEN
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

Glenn Lawler
617-817-5635

**CHECKLIST FOR BOARD OF SELECTMEN PUBLIC HEARINGS FOR
LIQUOR LICENSE TRANSACTIONS**

Type of Hearing/License: New Off-Premises Liquor License
(New License, Transfer of License, Alteration of Premises, Change of Location, Change Category)

Name and Address of Applicant: 2030 Ocean Street, LLC - 345 Main Street, Tewksbury, MA
(please print)

	Permits/Licenses Approvals Needed	Permits/Licenses & Approvals Acted On	Signature of Town Official Employee
Community Development (Planning, Conservation Comm. Board of Appeals)			
Building Department			
Board of Health			
Department Public Works	<u>2/4</u>	<u>2/4</u>	
Fire Department			
Police Department			

Map 10 Lot 91
345 Main Street
Tewksbury, MA 01876

Town of Tewksbury Abutters List

Prepared by: Patricia DeMeo

Map/Lot	Abutter	Abutter	Address	Town	ST	Zip	Book/Page	Location
22-13	CFI PROPCO 2 LLC		165 FLANDERS RD	WESTBOROUGH	MA	01581	34083/0185	270 MAIN ST
22-14	POM LLC		3920 MYSTIC VALLEY PKWY U911	MEDFORD	MA	02155	32705/0038	283 OLD MAIN ST
22-112	PEABODY GARRETT C		43 ASTLE ST	TEWKSBURY	MA	01876	32682/0115	43 ASTLE ST
10-44	SMITH KENNETH J TR	K J SMITH REC TRST	11 KITTEREDGE AV	TEWKSBURY	MA	01876	20826/0160	9 DAY ST
10-72	WALMART REAL ESTATE BUSNS TRST	WALMART PROPERTY TAX DEPT	P O BOX 8050 MS 0655	BENTONVILLE	AR	72712-8050	36357/8267	333 MAIN ST
10-49	SMITH KENNETH J TR	K J SMITH REVOCABLE TRUST	11 KITTEREDGE AV	TEWKSBURY	MA	01876	10054/0020	11 KITTEREDGE AV
10-40	SMITH KENNETH J TR	K J SMITH REVOCABLE TRUST	11 KITTEREDGE AVE	TEWKSBURY	MA	01876	18527/0232	EAGRETT AV
10-91	WAMESET PLACE LLC		171 GREAT RD	ACTON	MA	01720	35557/7261	345 MAIN ST
10-41	SMITH KENNETH J TR	KJ SMITH REVOC TRUST	14 KITTEREDGE DR	TEWKSBURY	MA	01876	27621/0179	LAURIER AV
22-12	GOLEN RICHARD J	GOLEN FAMILY IRREV TRST	51 BELT CIRCLE	TEWKSBURY	MA	01876	19377/0216	45 ASTLE ST





SELECT BOARD
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

3

JAY KELLY, CHAIR
JAYNE E. WELLMAN, VICE CHAIR
JAMES F. MACKEY, III, CLERK
TODD R. JOHNSON, ESQ.
ANNE MARIE STRONACH

(978)-640-4300
FAX (978) 640-4302

NOTICE

TOWN OF TEWKSBURY

Notice is hereby given that a public hearing will be conducted by the Select Board on Tuesday, February 15, 2022, 7:10 p.m. at 1009 Main Street, Tewksbury, MA on the application of Danvers TII, Inc. d/b/a Ira Toyota II for the transfer of Class I dealer license to Ty of Tewksbury, LLC d/b/a AutoFair Toyota of Tewksbury on premises located at 468 Main Street, Tewksbury, MA.

Input is welcome from the public. The Select Board recommends that comments be submitted in writing, to the Select Board, Town Hall, 1009 Main Street, Tewksbury, MA, 01876 on or before Friday, February 11, 2022 before 12:00 p.m.

Jay Kelly
Chairman
Select Board

Town of Tewksbury Abutters List

Map 22 Lot 117
468 Main Street
Tewksbury, MA 01876

Prepared by: Patricia DeMeo

Map/Lot	Abutter	Abutter	Address	Town	ST	Zip	Book/Page	Location
22-72	SS MAMNOH LLC		PO BOX 800729	DALLAS	TX	75380	38787/1933	470 MAIN ST
22-117	GROUP 1 REALTY INC		800 GESSNER SUITE 500	HOUSTON	TX	77024	21892/0013	468 MAIN ST
22-70	CASWELL RUSSELL H	CASWELL PATRICIA A	442 MAIN STREET	TEWKSBURY	MA	01876	02377/0092	442 MAIN ST
22-71	GIR MASS LLC		800 GESSNER STE-500	HOUSTON	TX	77024-4276	27280/0139	464 MAIN ST
22-90	SAHYOUNI EUGENIE P		485 MAIN ST	TEWKSBURY	MA	01876	17881/0265	485 MAIN ST
22-89	SHARKEY WILLIAM F		63 REMINGTON ST	LOWELL	MA	01852	11037/0300	495 MAIN ST
22-91	SCHERI JASON S		477 MAIN ST	TEWKSBURY	MA	01876	33760/0209	477 MAIN ST
22-73	SMK LLC		119 NORTH SHORE RD	DERRY	NH	03038	17963/0182	150 LORUM ST
22-113-MAIN	160-174 LORUM STREET CONDOMINIUM		160 LORUM ST	TEWKSBURY	MA	01876	19804/0260	160-174 LORUM ST
22-113-U160	6570 BIRCHWOOD LLC		160 LORUM ST	TEWKSBURY	MA	01876	20294/0178	160 LORUM ST
22-113-U166	FIVE HUNDRED FIFTY BOSTON AVE LLC		166 LORUM ST UNIT B-C	TEWKSBURY	MA	01876	19862/0168	166 LORUM ST
22-113-U168	170 LORUM ST LLC		170 LORUM ST	TEWKSBURY	MA	01876	21660/0227	168 LORUM ST
22-113-U170	170 LORUM ST LLC		170 LORUM ST	TEWKSBURY	MA	01876	21660/0227	170 LORUM ST
22-113-U172	RED LINE REALTY LLC		162 LORUM ST	TEWKSBURY	MA	01876	25078/0059	172 LORUM ST
22-113-U174	MORRIS R PAUL TR	P & D REALTY TRUST	160 LORUM ST	TEWKSBURY	MA	01876	20294/0170	174 LORUM ST

GROUP 1 AUTOMOTIVE®

www.group1auto.com

Via Email - ccicero@tewksbury-ma.gov

Christine M. Cicero
Administrative Assistant
Town Manager/Select Board's Office
1009 Main Street, 2nd Floor
Tewksbury, MA 01876
(ph) 978-640-4300

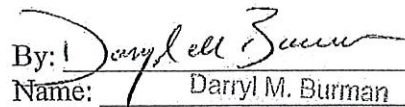
Re: **Class 1 Dealer License Number: 2-2022**
468 Main Street, Tewksbury, MA 01876

Dear Ms. Cicero,

Please accept this letter as formal notification of our intent to transfer the Class 1 Dealer License for Danvers-TII, Inc. d/b/a Ira Toyota II to TY of Tewksbury, LLC d/b/a AutoFair Toyota of Tewksbury upon closing of the sale of assets which is tentatively scheduled for February 16, 2022.

Sincerely,

Danvers-TII, Inc.
d/b/a Ira Toyota II

By: 
Name: Darryl M. Burman
Title: Vice President



**Automotive
Management
Services
Inc.**

January 26, 2022

VIA UPS

Christine M. Cicero
Administrative Assistant
Town Manager/Select Board's Office
1009 Main Street, 2nd Floor
Tewksbury, MA 01876
(ph) 978-640-4300

Re: TY of Tewksbury, LLC d/b/a AutoFair Toyota of Tewksbury

Dear Ms. Cicero:

Enclosed please find the Dealer License Application for TY of Tewksbury, LLC d/b/a AutoFair Toyota of Tewksbury, including the following:

- Checklist for Select Board Public Hearings – we are currently pending a few department sign-offs due to items outstanding with the Seller. We expect to have all signatures prior to the Board Committee Meeting.
- Application for License
- Worker's Compensation Insurance Affidavit
- Certificate of Tax Compliance from Seller
- FEIN
- Certificate of Organization
- Business Certificate
- Sales and Use Tax Certificate
- Bond
- Check #47688 in the amount of \$100.00

Should you have questions or require anything additional, please do not hesitate to contact me directly.

Sincerely,


Angelina Pillsbury
apillsbury@amsinet.com
561-655-8900 x109



SELECT BOARD
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876

CHECKLIST FOR SELECT BOARD PUBLIC HEARINGS

Type of License/Hearing: ☐ Liquor ☐ Class I, II, III (Car) ☐ Common Victualler (Food) ☒ Other*

If Liquor Please Indicate Type: N/A

(New/Transfer/Alterations/Amendments/Changes)

*Other, Please Explain: FRANCHISE AUTOMOTIVE DEALERSHIP

Name and Address of Applicant: TY OF TEWKSBURY, LLC
505 S. FLAGLER DRIVE, SUITE 1400, WEST PALM BEACH, FLORIDA 33401

(please print) Please contact Angelina Pillsbury at 561-655-8900 x109 or via email at apillsbury@amsinet.com with any questions.

Name and Address of Business: AUTOFAIR TOYOTA OF TEWKSBURY
468 Main St, Tewksbury, MA 01876
(please print)

Department	Department	Signature
Approvals Needed	Approvals Acted On	of Town
		Official & Date
Community Development (Planning Board, Conservation Commission, Board of Appeals) Town Hall, Lower Level, 1009 Main Street – (978) 640-4370	<u>1/31/2022</u>	<u>[Signature]</u>
Building Department Town Hall, Lower Level, 1009 Main Street – (978) 640-4430		<u>[Signature]</u>
Board of Health Town Hall, Lower Level, 1009 Main Street – (978) 640-4470	<u>1/31/22</u>	<u>[Signature]</u>
Dept. of Public Works D.P.W, 999 Whipple Road – (978) 640-4440	<u>N/A</u>	<u>N/A</u> <u>1-31-22</u>
Fire Department Center Fire Station, 21 Town Hall Avenue – (978) 640-4410		<u>[Signature]</u>
Police Department Police Headquarters, 918 Main Street – (978) 851-7373		<u>[Signature]</u>



OFFICE OF THE TOWN MANAGER

TOWN OF TEWKSBURY

TOWN HALL

1009 MAIN ST

TEWKSBURY, MASSACHUSETTS 01876

RICHARD A. MONTUORI
TOWN MANAGER

(978) 640-4300
FAX (978) 640-4302

Transfer of Class License:

Signed letter from the current license holder requesting transfer of license.

Completed Application.

Completed Certificate of Tax Compliance.

Completed Checklist for Select Board Public Hearings.

Certified List of Abutters direct including across the street.
Assessor's Office, 11 Town Hall Avenue, 978-640-4330

Must be advertised no later than 7 days prior to Select Board Public Hearing – this office will prepare the legal notice and applicant is responsible for advertising.



**SELECT BOARD
TOWN OF TEWKSBURY
TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876**

CHECKLIST FOR SELECT BOARD PUBLIC HEARINGS

Type of License/Hearing: ☐ Liquor ☐ Class I, II, III (Car) ☐ Common Victualer (Food) ☒ Other*

If Liquor Please Indicate Type: N/A
(New/Transfer/Alterations/Amendments/Changes)

*Other, Please Explain: FRANCHISE AUTOMOTIVE DEALERSHIP

Name and Address of Applicant: TY OF TEWKSBURY, LLC
505 S. FLAGLER DRIVE, SUITE 1400, WEST PALM BEACH, FLORIDA 33401
(please print) Please contact Angelina Pillsbury at 561-655-8900 x109 or via email at apillsbury@amsinet.com with any questions.

Name and Address of Business: AUTOFAIR TOYOTA OF TEWKSBURY
468 Main St, Tewksbury, MA 01876
(please print)

Department
Approvals Needed

Department
Approvals Acted On

Signature
of Town
Official & Date

Community Development
(Planning Board, Conservation Commission, Board of Appeals)
Town Hall, Lower Level, 1009 Main Street - (978) 640-4370

Building Department
Town Hall, Lower Level, 1009 Main Street - (978) 640-4430

Board of
Health
Town Hall, Lower Level, 1009 Main Street - (978) 640-4470

Dept. of Public Works
D.P.W., 999 Whipple Road - (978) 640-4440

Fire Department [Signature]
Center Fire Station, 21 Town Hall Avenue - (978) 640-4410

Police Department [Signature]
Police Headquarters, 918 Main Street - (978) 851-7373

THE COMMONWEALTH OF MASSACHUSETTS

OF

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE SECOND HAND MOTOR VEHICLES
OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a _____
class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with
the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? TY OF TEWKSBURY, LLC
d/b/a AUTOFAIR TOYOTA OF TEWKSBURY

Business address of concern. No. 468 Main Street St.,
Tewksbury, MA 01876 City — Town.

2. Is the above concern an individual, co-partnership, an association or a corporation? _____
LIMITED LIABILITY COMPANY

3. If an individual, state full name and residential address.

4. If a co-partnership, state full names and residential addresses of the persons composing it.

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President AND MANAGER - TERRY TAYLOR

Secretary ALINA OYTSEER

Treasurer ASSISTANT SECRETARY - STEPHEN TERRY

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? YES

If so, is your principal business the sale of new motor vehicles? YES

Is your principal business the buying and selling of second hand motor vehicles? NO

Is your principal business that of a motor vehicle junk dealer? NO

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

AUTOMOTIVE DEALERSHIP LOCATED AT 468 Main Street, Tewksbury, MA 01876

8. Are you a recognized agent of a motor vehicle manufacturer? YES (upon consummation of acquisition)

(Yes or No)

If so, state name of manufacturer Toyota Motor Sales, U.S.A, Inc.

9. Have you a signed contract as required by Section 58, Class 1? YES (to be provided prior to issuance of license)

(Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? NO

(Yes or No)

If so, in what city — town N/A

Did you receive a license? N/A

(Yes or No)

For what year? N/A

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? NO

(Yes or No)

Sign your name in full

PERRY TAYLOR, MANAGER/PRESIDENT

(Duly authorized to represent the concern herein mentioned)

505 S. FLAGLER DRIVE, SUITE 1400, WEST PALM
BEACH, FLORIDA 33401

Residence

Date

01/24/2022

IMPORTANT

EVERY QUESTION MUST BE ANSWERED WITH
FULL INFORMATION, AND FALSE STATEMENTS
HEREIN MAY RESULT IN THE REJECTION OF
YOUR APPLICATION OR THE SUBSEQUENT
REVOCATION OF YOUR LICENSE IF ISSUED.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

Application after investigation _____

(Approved or Disapproved)

License No. _____ granted _____ 20 _____ Fee \$ _____

Signed _____

CHAPTER 140 OF THE GENERAL LAWS, TER. ED., WITH AMENDMENTS THERETO (EXTRACT)

SECTION 57. No person, except one whose principal business is the manufacture and sale of new motor vehicles but who incidentally acquires and sells second hand vehicles, or a person whose principal business is financing the purchase of or insuring motor vehicles but who incidentally acquires and sells second hand vehicles, shall engage in the business of buying, selling, exchanging or assembling second hand motor vehicles or parts thereof without securing a license as provided in section fifty-nine. This section shall apply to any person engaged in the business of conducting auctions for the sale of motor vehicles.

SECTION 58. Licenses granted under the following section shall be classified as follows:

Class 1. Any person who is a recognized agent of a motor vehicle manufacturer or a seller of motor vehicles made by such manufacturer whose authority to sell the same is created by a written contract with such manufacturer or with some person authorized in writing by such manufacturer to enter into such contract, and whose principal business is the sale of new motor vehicles, the purchase and sale of second hand motor vehicles being incidental or secondary thereto, may be granted an agent's or a seller's license; provided, that with respect to second hand motor vehicles purchased for the purpose of sale or exchange and not taken in trade for new motor vehicles, such dealer shall be subject to all provisions of this chapter and of rules and regulations made in accordance therewith applicable to holders of licenses of class 2.

Class 2. Any person whose principal business is the buying or selling of second hand motor vehicles may be granted a used car dealer's license.

Class 3. Any person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding the same, or the buying or selling of parts of second hand motor vehicles or tires, or the assembling of second hand motor vehicle parts, may be granted a motor vehicle junk license.

SECTION 59. The police commissioner in Boston and the licensing authorities in other cities and towns may grant licenses under this section which will expire on January first following the date of issue unless sooner revoked. The fees for the licenses shall be fixed by the licensing board or officer, but in no case shall exceed \$100. dollars. Application for license shall be made in such form as shall be approved by the registrar of motor vehicles, in sections fifty-nine to sixty-six, inclusive, called the registrar, and if the applicant has not held a license in the year prior to such application, such application shall be made in duplicate, which duplicate shall be filed with the registrar. No such license shall be granted unless the licensing board or officer is satisfied from an investigation of the facts stated in the application and any other information which they may require of the applicant, that he is a proper person to engage in the business specified in section fifty-eight in the classifications for which he has applied, that said business is or will be his principal business, and that he has available a place of business suitable for the purpose. The license shall specify all the premises to be occupied by the licensee for the purpose of carrying on the licensed business. Permits for a change of situation of the licensed premises or for addition thereto may be granted at any time by the licensing board or officer in writing, a copy of which shall be attached to the license. Cities and towns by ordinance or by-law may regulate the situation of the premises of licensees within class 3 as defined in section fifty-eight, and all licenses and permits issued hereunder to persons within said class 3 shall be subject to the provisions of ordinances and by-laws which are hereby authorized to be made. No license or permit shall be issued hereunder to a person within said class 3 until after a hearing, of which seven days' notice shall have been given to the owners of property abutting on the premises where such license or permit is proposed to be exercised. All licenses granted under this section shall be revoked by the licensing board or officer if it appears, after hearing, that the licensee is not complying with sections fifty-seven to sixty-nine, inclusive, or the rules and regulations made thereunder; and no new license shall be granted to such person thereafter, nor to any person for use on the same premises, without the approval of the registrar. The hearing may be dispensed with if the registrar notifies the licensing board or officer that a licensee is not so complying. Any person aggrieved by any action of the licensing board or officer refusing to grant, or revoking a license for any cause may, within ten days after such action, appeal therefrom to any justice of the superior court in the county in which the premises sought to be occupied under the license or permit applied for are located. The justice shall, after such notice to the parties as he deems reasonable, give a summary hearing on such appeal, and shall have jurisdiction in equity to review all questions of fact or law and may affirm or reverse the decision of the board or officer and may make any appropriate decree. The decision of the justice shall be final.



Display Reference Line

Massachusetts General Laws
CHAPTER 140. LICENSES.
Section 58. Classes.

Section 58. Classes.

(a) Licenses granted under sections 59 and 59A shall be classified in accordance with subsections (b) to (d), inclusive.

(b) Class 1. Any person who is a recognized agent of a motor vehicle manufacturer or a seller of motor vehicles made by such manufacturer whose authority to sell the same is created by a written contract with such manufacturer or with some person authorized in writing by such manufacturer to enter into such contract, and whose principal business is the sale of new motor vehicles, the purchase and sale of second hand motor vehicles being incidental or secondary thereto, may be granted an agent's or a seller's license; provided, that with respect to second hand motor vehicles purchased for the purpose of sale or exchange and not taken in trade for new motor vehicles, such dealer shall be subject to all provisions of this chapter applicable to holders of licenses of Class 2, except subsection (c), and to rules and regulations made under those provisions; and provided further, that such dealer maintains or demonstrates access to repair facilities sufficient to enable him to satisfy the warranty repair obligations imposed by section 7N1/4 of chapter 90, and shall remain liable for all warranty repairs made and other obligations imposed by said section 7N% of said chapter 90.

(c) Class 2. A person whose principal business is the buying or selling of second hand motor vehicles, a person who purchases and displays second hand motor vehicles for resale in retail transactions, and any other person who displays second hand motor vehicles not owned by him pursuant to an agreement in which he receives compensation, whether solely for displaying the vehicles, upon the sale of each vehicle, or otherwise, may be granted a used car dealer's license and shall be subject to the following conditions:

(1) The person shall obtain a bond, or equivalent proof of financial responsibility as described in paragraph (5); and continue in effect a surety bond or other equivalent proof of financial responsibility satisfactory to the municipal licensing authority in the amount of \$25,000 executed by a surety company authorized by the insurance department to transact business in the commonwealth - The bond or its equivalent shall be for the benefit of a person who purchases a vehicle from a Class 2 licensee, and who suffers loss on account of:-

(i) the dealer's default or nonpayment of valid bank drafts, including checks drawn by the dealer for the purchase of motor vehicles;

(ii) the dealer's failure to deliver, in conjunction with the Sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens except a lien created by or expressly assumed in writing by the buyer of the vehicle;

- (iii) the fact that the motor vehicle purchased from the dealer was a stolen vehicle;
- (iv) the dealer's failure to disclose the vehicle's actual mileage at the time of sale;
- (v) the dealer's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction;
or
- (vi) the dealer's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the dealer had assumed the obligation to pay off the lien.

(2) Recovery against the bond or its equivalent may be made by any person who obtains a final judgment in a court of competent jurisdiction against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. Every bond shall also provide that no suit may be maintained to enforce any liability on the bond unless brought within 1 year after the event giving rise to the cause of action.

(3) The bond or its equivalent shall cover only those acts and omissions described in clauses (i) to (vi), inclusive, of paragraph (1). The surety on a bond shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against the bond or the number of years the bond remained in force.

(4) A separate bond shall be required for each different name under which the dealer conducts his business and for each city or town in which the dealer has a place of business.

(5) In lieu of the bond required by this section, the municipal licensing authority may allow the dealer to deposit collateral in the form of a certificate of deposit or irrevocable letter of credit, as authorized by the banking laws of the commonwealth, which has a face value equal to the amount of the bond otherwise required. The collateral may be deposited with or executed through any authorized state depository designated by the commissioner. Interest on the certificate of deposit shall be payable to the dealer who has deposited it as collateral, or to a person as the dealer or the certificate may direct.

(6) A surety shall provide to the municipal licensing authority notice of cancellation of the bond within 30 days of the cancellation.

(7) Upon receipt of notification from a surety that a bond has been cancelled, the municipal licensing authority shall notify the licensee that he has 10 days to comply with the bonding requirement. If the licensee does not comply within the 10 day period, the municipal licensing authority shall revoke the Class 2 license and shall notify the registrar who shall suspend or revoke any dealer plate issued to the licensee pursuant to section 5 of chapter 90.

(8) A municipal licensing authority shall not issue or renew a Class 2 license unless it is satisfied that a bond or equivalent proof of financial responsibility meeting the requirements of this section is in effect during the term under which the license shall be issued or renewed,

and that the licensee maintains or demonstrates access to repair facilities sufficient to enable him to satisfy the warranty repair obligations imposed by section 7N% of chapter 90. A used car dealer shall remain liable for all warranty repairs made and other obligations imposed by said section 7N% of said chapter 90.

(d) Class 3. A person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding and selling the same, or the buying or selling of parts of second hand motor vehicles or tires, or the assembling of second hand motor vehicle parts may be granted a motor vehicle junk license.

(e) The registrar of motor vehicles, after consulting the office of consumer affairs and business regulation, shall adopt rules and regulations defining sufficient repair facilities for the purposes of subsection (b) and paragraph (8) of subsection (c).
Amended by St.1948, c. 181, s. 1; St.1952, c. 103, s. 2; St.1987, c. 289, s. 2; St.1989, c. 653, s. 95; St-1991, c. 489, s. 18; St.1992, c. 18, s. 4; St.2002, c. 422, s. 1.

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

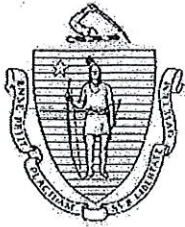
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: TY of Tewksbury, LLC d/b/a AutoFair Toyota of Tewksbury

Address: 468 Main Street

City/State/Zip: Tewksbury, MA 01876

Phone #: 978-863-9009

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 60 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Starr Specialty Insurance Company

Insurer's Address: 399 Park Avenue

City/State/Zip: NY, NY 10022

Policy # or Self-ins. Lic. # 0000001572

Expiration Date: 01/24/2022

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 01/24/2022

Phone #: 501-655-8900

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Licensing Board
5. ☐ Selectmen's Office 6. ☐ Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hays Companies 1000 S. Pine Island Road #225 Plantation, FL 33324	CONTACT NAME: William E. Allen PHONE (A/C, No. Ext: 954-475-3600 FAX (A/C, No): 954-475-2120 E-MAIL ADDRESS: dealers@hayscompanies.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Starr Indemnity & Liability Company INSURER B: StarStone Specialty Insurance Company INSURER C: Certain Underwriters at Lloyds INSURER D: Starr Specialty Insurance Company INSURER: NAIC # 38318 44776 16109
INSURED TY of Tewksbury, LLC AutoFair Toyota of Tewksbury 468 Main Street Tewksbury, MA 01876	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSU	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SISIPCA08324721	4/01/2021	4/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 4,000,000 \$ 4,000,000 \$
A	GARAGE LIABILITY <input checked="" type="checkbox"/> SYMBOL 21 ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			SISIPCA08324721	4/01/2021	4/01/2022	GARAGE OPERATIONS (Ea accident) AUTO ONLY OTHER THAN AUTO ONLY AGGREGATE PROPERTY DAMAGE (Per accident) \$ 2,000,000 \$ 2,000,000 \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000	<input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS-MADE		D80719210ALI (StarStone) B1670P08269202 (Lloyds)	4/01/2021	4/01/2022	STAR STONE - LEAD Each Occurrence / Aggregate LLOYDS - \$3M x \$2M Each Occurrence / Aggregate \$ 2,000,000 \$ 3M x \$2M
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	100 0004572 100 0003578 100 0003579 100 0004156	4/01/2021	4/01/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ 1,000,000 \$ 1,000,000 \$ 1,000,000
A	GARAGEKEEPERS DIRECT PRIMARY SYMBOL 30			SISIPCA08324721	4/01/2021	4/01/2022	COMPREHENSIVE PER OCC COLLISION PER OCC \$2,500,000 \$2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Policy provides \$10,000 in PIP *10 days' notice of cancellation for non-payment of premium

CERTIFICATE HOLDER

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette
Boston, MA 02111-1750

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Limited Liability Company

Certificate of Organization

(General Laws Chapter 156C, Section 12)

Federal Identification No.: _____

- (1) The exact name of the limited liability company:
TY OF TEWKSBURY, LLC

- (2) The street address of the office in the commonwealth at which its records will be maintained:

One International Place, Suite 2000, Boston, MA 02110

- (3) The general character of the business:

Automotive Sales and Service

- (4) Latest date of dissolution, if specified: _____

- (5) The name and street address, of the resident agent in the commonwealth:

NAME

ADDRESS

Corporation Service Company

84 State Street
Boston, MA 02109

- (6) The name and business address, if different from office location, of each manager, if any:

NAME

ADDRESS

Terry R. Taylor

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

- (7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME

ADDRESS

Terry R. Taylor, Manager

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

Alina Oytser

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

Stephen Terry

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

- (8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME

ADDRESS

Terry R. Taylor

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

Alina Oytser

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

Stephen Terry

505 S. Flagler Drive, Suite 1400
West Palm Beach, Florida 33401

- (9) Additional matters:

Signed by (by at least one authorized signatory):

Consent of resident agent:

I Corporation Service Company

resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12*

*or attach resident agent's consent hereto.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

December 01, 2021 11:38 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Date of this notice: 12-16-2021

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

TY OF TEWKSBURY LLC
TERRY TAYLOR MBR
505 S FLAGLER DR SUITE 1400
WEST PALM BEACH, FL 33401

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-4024904. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2022
Form 940	01/31/2023
Form 1065	03/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

FILING FEE \$40.00

(X) New
() Renewal

**TOWN OF TEWKSBURY
BUSINESS CERTIFICATE**

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws, as amended, the undersigned hereby declare(s) that a business is conducted under the title of:

AUTOFAIR TOYOTA OF TEWKSBURY

at

.468 Main St, Tewksbury, MA 01876

(978) 863-9009

Address

Business Phone Number

Email Address: APILLSBURY@AMSINET.COM

By the following named person(s): (Include Corporate Name and Title, if Corporate Officer)

FULL NAME

RESIDENCE

TY OF TEWKSBURY, LLC

505 S. FLAGLER DRIVE, SUITE 1400
WEST PALM BEACH, FLORIDA 33401

=====

NATURE OF BUSINESS: AUTOMOTIVE DEALERSHIP

=====

SIGNATURES:

TERRY R. TAYLOR, MANAGER/PRESIDENT

On JANUARY 7, 2022 the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

Social Security/Federal ID Number: [REDACTED]

Driver's License Number: N/A

Home Phone Number: [REDACTED]

(SEAL) MARCH 11, 2025
Commission Expiration Date

Angela M. Pillsbury
Notary Public/Justice of the Peace

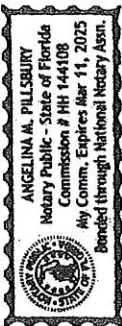
In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of MGL, a Business Certificate is in force and effect for four (4) years from the date of issue. It must be renewed every four (4) years for as long as the business is operating. A statement under oath must be filed with the Town Clerk upon discontinuing, retiring or withdrawing from such business or partnership.

The Business Certificate does not allow or permit any business rights with respect to the provisions of the Town of Tewksbury Zoning Bylaws and is not a permit to conduct business in a residential district. For any proposed use, a determination of the applicability of the Zoning Bylaws is to be made by the Zoning Enforcement Officer prior to commencing such use.

Copies of such certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.

Violations are subject to a fine of not more than three hundred dollars (\$300) for each month during which such violation continues.

CERTIFICATE EXPIRES ON January 19, 2026





Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1791843008
Notice Date: January 14, 2022
Account ID: SLS-20482021-005



SALES AND USE TAX REGISTRATION CERTIFICATE



TY OF TEWKSBURY LLC
AUTOFAIR TOYOTA OF TEWKSBURY
505 S FLAGLER DR STE 1400
WEST PALM BEACH FL 33401-5952

Attached below is your Sales and Use Tax Registration Certificate (Form ST-1). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-1 can be issued.

At any time, you can log into your MassTaxConnect account at mass.gov/masstaxconnect to view and re-print a copy of this certificate.

DETACH HERE



MASSACHUSETTS DEPARTMENT OF REVENUE

Form ST-1

Sales and Use Tax Registration Certificate

This registration must be posted and visible at all times.

TY OF TEWKSBURY LLC
AUTOFAIR TOYOTA OF TEWKSBURY
468 MAIN ST
TEWKSBURY MA 01876-2564

Account ID: [REDACTED]
Certificate Number: [REDACTED]

This certifies that the taxpayer named above is registered under Chapters 62C, 64H and 64I of the Massachusetts General Laws to sell tangible personal property at retail or for resale at the address shown above. This registration is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

Effective Date: March 1, 2022

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we,

TY of Tewksbury, LLC dba AutoFair Toyota of Tewksbury

of 468 Main Street, Tewksbury, MA 01876

as Principal, and

The Hanover Insurance Company

440 Lincoln Street, Worcester, MA 01653

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

Boston Police Headquarters

as Oblige, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of

Twenty Five Thousand Dollars and 00/100

(\$ 25,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly be these presents.

Whereas the said Principal is a Dealer having an established place of business at

468 Main Street, Tewksbury, MA 01876

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

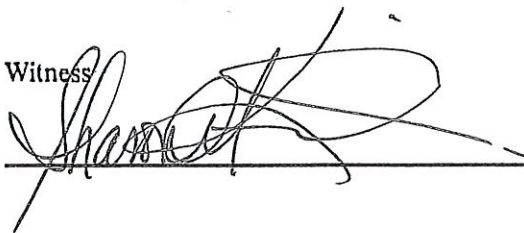
Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Oblige (written acknowledgement of receipt of said notice by the Oblige to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Oblige and this bond shall be deemed cancelled.

Effective this 18th day of January, 2022.

Witness

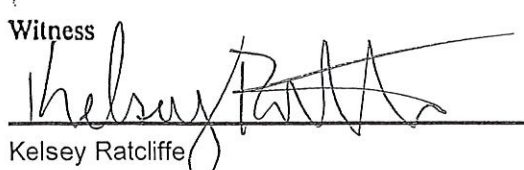


TY of Tewksbury, LLC dba AutoFair Toyota of Tewksbury (Seal)

By 

Principal

Witness



Kelsey Ratcliffe

The Hanover Insurance Company

By 

Surety

Ann Higgins

Attorney-in-Fact



**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

POWER OF ATTORNEY

**THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.
KNOW ALL PERSONS BY THESE PRESENTS:**

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint, **Ann Higgins**

Of: Minneapolis, MN

each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligation in the United States, not to exceed Twenty Million and No/100 (\$20,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

Surety Bond Number: 1060675

Principal: TY of Tewksbury, LLC dba AutoFair Toyota of Tewksbury

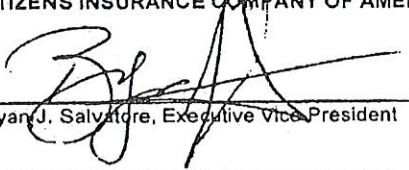
Obligee: Boston Police Headquarters

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 19th day of July, 2018.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA


Bryan J. Salvatore, Executive Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

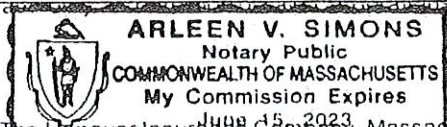


THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA


James H. Kawlecki, Vice President



On this 19th day of July, 2018 before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the

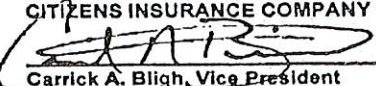



Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 18th day of January, 2022.

THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA


Carrick A. Bligh, Vice President

CERTIFIED COPY

141-0857SP (08/2018)

ACKNOWLEDGMENT BY SURETY

STATE OF Minnesota }
County of Hennepin } ss.

On this 18th day of January, 2022, before me personally
appeared Ann Higgins, known to, me to be the Attorney-in-Fact of
The Hanover Insurance Company, the corporation
that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and
year in this certificate first above written.



Keshan N. Greene
Notary Public in the State of Minnesota
County of Hennepin